

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND																									
1 Date of Request: _____		2 Serial/Patent # 10/521400																							
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT																					
<input type="checkbox"/>	Filing	<div style="border: 1px solid black; padding: 5px; width: fit-content;"> <small>REAL VALUE</small> <small>ACCOUNTABILITY</small> <small>DEPOSIT ACCOUNT NO.</small> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><small>PEE</small></td> <td><small>VALUE</small></td> </tr> <tr> <td><small>CODE</small></td> <td><small>FORWARDED</small></td> </tr> <tr> <td>163</td> <td>500</td> </tr> <tr> <td>164</td> <td>400</td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> </div>	<small>PEE</small>	<small>VALUE</small>	<small>CODE</small>	<small>FORWARDED</small>	163	500	164	400														\$	
<small>PEE</small>	<small>VALUE</small>																								
<small>CODE</small>	<small>FORWARDED</small>																								
163	500																								
164	400																								
<input type="checkbox"/>	Amendment		\$																						
<input type="checkbox"/>	Extension of Time		\$																						
<input type="checkbox"/>	Notice of Appeal/Appeal		\$																						
<input type="checkbox"/>	Petition		\$																						
<input type="checkbox"/>	Issue		\$																						
<input type="checkbox"/>	Cert of Correction/Terminal Disc.		\$																						
<input type="checkbox"/>	Maintenance		\$																						
<input type="checkbox"/>	Assignment		\$																						
<input type="checkbox"/>	Other		\$																						
		7 TOTAL AMOUNT OF REFUND		\$ 100																					
		8 TO BE REFUNDED BY:																							
10 REASON:		Treasury Check																							
<input checked="" type="checkbox"/>	Overpayment	Credit Deposit A/C #:																							
<input type="checkbox"/>	Duplicate Payment	9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td>--</td><td> </td><td> </td><td> </td></tr></table>						--																	
		--																							
<input type="checkbox"/>	No Fee Due (Explanation):																								
11 REFUND REQUESTED BY:																									
TYPED/PRINTED NAME: <u>Winston Alvarez</u>		TITLE: _____																							
SIGNATURE: _____		PHONE: _____																							
OFFICE: <u>National Stage Processing</u>																									
		<u>Patent Specialist</u>																							
		<u>(703) 365-8421</u>																							
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****																									
APPROVED: _____		DATE: _____																							

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: